

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155697		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/09/2012	
NAME OF PROVIDER OR SUPPLIER  CLARK REHABILITATION AND SKILLED NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN 47129			
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F0000	<p>This visit was for Investigation of Complaint IN00113180.</p> <p>Complaint IN00113180 - Substantiated. Federal/state deficiencies related to the allegations are cited at F309, F425, and F514.</p> <p>Survey dates: August 8 and 9, 2012</p> <p>Facility number: 000059 Provider number: 155697 AIM number: 100266560</p> <p>Survey team: Jennie Bartelt, RN</p> <p>Census bed type: SNF: 3 SNF/NF: 65 Total: 68</p> <p>Census payor type: Medicare: 7 Medicaid: 47 Other: 14 Total: 68</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>		F0000	<p>This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests a desk review on or after August 20, 2012.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/21/2012

FORM APPROVED

OMB NO. 0938-0391

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	Quality review completed 8/10/12 Cathy Emswiller RN						

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F0309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to ensure residents were assessed upon departure and/or return from overnight leave of absence. The deficient practice affected 2 of 3 residents reviewed related to leave of absence in a sample of 3. (Residents C and A)</p> <p>Findings include:</p> <p>During interview on 8/8/12 at 4:35 p.m., Resident C indicated she recently went on leave of absence to visit family for a long week-end. Resident C indicated she left on a Friday and returned on Monday.</p> <p>The Resident Sign-Out Log at the Nurses Station was reviewed on 8/8/12 at 3:55 p.m. The Out on Pass form in the log indicated Resident C left for a home visit on 7/20/12. Lines for the time of departure on 7/20/12 and date and time of return were blank.</p> <p>1. The clinical record for Resident C was reviewed on 8/8/12 at 3:55 p.m.</p>		F0309	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? · Resident C had no negative outcomes related to LOA · Resident A had no negative outcome related to LOA How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? · All residents have the potential to be affected by the alleged deficient practice. · Licensed nursing staff will be in serviced 8/14/12 by DNS/Designee on resident leave of absence policy and procedures. · DNS/Designee implemented on 8/20/12 a resident leave of absence form that must be used on each resident going on LOAs. Documentation to include date and time resident left, method of transportation, assessment of resident, all meds sent including the number sent, and administration instructions for each med. The responsible party will sign the LOA form indicating understanding of instructions.</p>		08/20/2012	

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	<p>Physician's orders for July 2012 included, but were not limited to, "May take leave of absence with responsible party and meds [medications]."</p> <p>Resident Progress Notes indicated:</p> <p>7/20/12 at 6:00 p.m., "Res [resident] left with family at 2:30 p.m. this date to go LOA [leave of absence] for weekend, res is scheduled to return Monday morning 7/23/12. All necessary meds sent with res and given to res daughter, daughter agrees to monitor res medications for the weekend, res has no open areas on skin, res alert and oriented X 3. Personal belongings secured in room."</p> <p>7/22/12 at 2:48 a.m., "No S/S [signs and symptoms] dehydration noted call light in reach."</p> <p>7/24/12 at 4:48 a.m., "No s/s of dehydration noted with good skin turgor, encouraged po [by mouth] fluids this shift and taken well. Will continue to monitor closely."</p> <p>Documentation in the Matrix system for Resident Progress Notes, Events, and Observations failed to indicate when the resident returned to the facility or any assessment of the resident upon return</p>		<p>Upon return documentation in the nurses notes will include date and time returned, who accompanied resident, meds returned and how many, and physical assessment of resident. · Two nurses will validate meds being sent with resident going LOA and both to sign the LOA form. · All residents that go on leave of absence documentation will be reviewed upon leaving and return by the DNS/Designee. · Daily DNS/Designee will review the leave of absence form for timeliness and completion on all residents that go LOA. · DNS/Designee is responsible to ensure compliance. · Non-compliance will result in further education including disciplinary actions. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur? · Licensed nursing staff will be in serviced 8/14/12 by DNS/Designee on resident leave of absence policy and procedures. · DNS/Designee implemented on 8/20/12 a resident leave of absence form that must be used on each resident going on LOAs. Documentation to include date and time resident left, method of transportation, assessment of resident, all meds sent including the number sent, and administration instructions for each med. The responsible party</p>				

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	<p>from leave of absence.</p> <p>During interview on 8/9/12 at 10:35 a.m., the Director of Nursing (DON) and Assistant Director of Nursing (ADON) indicated the record did not indicate when the resident returned from leave of absence or other information, including assessment of the resident upon return.</p> <p>2. The Resident Sign-Out Log was reviewed at the Nurses Station on 8/8/12 at 3:55 p.m. The Out on Pass form in the log indicated Resident A left on 5/6/12 at 9:00 p.m. and returned on 5/7/12 at 8:00 p.m., and left on 5/16/12 at 10:00 p.m. and returned on 5/17/12 at 10:00 p.m.</p> <p>The clinical record for Resident A was reviewed on 8/8/12 at 5:25 p.m.</p> <p>Resident Progress Notes included an entry on 5/2/12. The next entry in the Notes was 5/7/12 at 10:15 p.m., and indicated, "Res returned from LOA with family present, alert, awake, not distress noted, accu check [blood sugar monitoring] 142 upon return, routine meds given, res appears to be comfortable and in no distress, res daughter stated res enjoyed visit."</p> <p>Resident Progress Notes for 5/16/12 at 10:45 p.m., indicated, "Res on LOA with</p>		<p>will sign the LOA form indicating understanding of instructions. Upon return documentation in the nurses notes will include date and time returned, who accompanied resident, meds returned and how many, and physical assessment of resident. · Two nurses will validate meds being sent with resident going LOA and both to sign the LOA form. · All residents that go on leave of absence documentation will be reviewed upon leaving and return by the DNS/Designee. · Daily DNS/Designee will review the leave of absence form for timeliness and completion on all residents that go LOA. · DNS/Designee is responsible to ensure compliance. · Non-compliance will result in further education including disciplinary actions. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? · The CQI audit on resident leave of absence will be utilized weekly x 4, bi-weekly x 2 months, monthly x3, and quarterly thereafter for 2 consecutive quarters. · Findings from the CQI process will be review monthly and an action plan will be implemented for thresholds below 95%.</p>				

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	<p>daughter for overnight visit, to return tom [tomorrow] night. LOA meds sent with daughter pre protocol." The next Resident Progress Note was dated 5/23/12.</p> <p>Documentation in Resident Progress Notes, Events, and Observations failed to indicate other information related to the resident's status before and after the leaves of absence.</p> <p>During interview on 8/8/12 at 5:35 p.m., the Unit Manager researched in the Matrix documentation system and indicated he was unable to find information related to assessments of the resident on the dates of the leaves of absence, other than those indicated in the Resident Progress Notes.</p> <p>The facility's policy related to Resident Leave of Absence was provided by the Interim Administrator on 8/9/12 at 10:00 a.m. Review of the policy indicated, "It is the policy of this facility that continuity of care during resident Leave of Absence will be provided....Procedure: ...The resident/family/POA [power of attorney] need to sign resident in and out of the facility on the Leave of Absence form. The licensed nurse will document resident status upon leave from the facility and upon return from leave, and any other</p>						

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	<p>pertinent information....Documentation: ...Nursing notes when resident leaves facility are to include: Date and time resident left facility; Medications provided; Party with whom the resident is taking leave; Expected time and date of return; Overall physical assessment of resident; Mode/method of transportation; Equipment sent with the resident; Any other pertinent information relative to the resident and leave of absence. Nursing notes upon resident return are to include: Date and time; Party with whom the resident returned; Overall physical assessment of the resident; Mode/method of transportation; Equipment returned with the resident; Medications/treatment supplies returned with the resident, including quantity; Any other pertinent information relative to the resident and leave of absence."</p> <p>This federal tag relates to Complaint IN00113180.</p> <p>3.1-37(a)</p>						

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F0425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>Based on interview and record review, the facility failed to ensure policies were followed for dispensing pharmaceuticals for residents on overnight leave of absence. The deficient practice affected 2 of 3 residents reviewed related to medications for leave of absence in a sample of 3 residents. (Residents C and A)</p> <p>Findings include:</p> <p>During interview on 8/8/12 at 4:35 p.m., Resident C indicated she recently went on leave of absence to visit family for a long</p>		F0425	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? · Resident C had no negative outcome related to LOA · Resident A had no negative outcome related to LOA How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? · All residents have the potential to be affected by the alleged deficient practice. · Licensed nursing staff will be in serviced 8/14/12 by DNS/Designee on resident leave of absence policy and procedures. · DNS/Designee</p>		08/20/2012	



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	<p>week-end. Resident C indicated she left on a Friday and returned on Monday. Resident C indicated she had a problem with her medications, since not all of her medications were sent with her, so she had to return to the facility to straighten out the problem. Resident C indicated her medications were provided in envelopes that indicated the names of the medications and the time she should take the medications, but after arriving at her family member's home, the family member reviewed the medications and realized some were missing. Resident C indicated the facility did not provide of list of the medications with times the medications were to be taken, as the facility had done in the past.</p> <p>During interview on 8/8/12 at 5:45 p.m., the facility's Corporate Nurse Consultant indicated the facility's Matrix documentation system did not include a home medication list with instructions to be provided to residents who go on leave of absence, but the system did have the home medication list with instructions for resident upon discharge. During interview at this same time, the Unit Manager indicated when a resident goes on leave of absence, the facility places the resident's medications in envelopes with instructions written on the envelope on how to take the medications. He</p>		<p>implemented on 8/20/12 a resident leave of absence form that must be used on each resident going on LOAs. Documentation to include date and time resident left, method of transportation, assessment of resident, all meds sent including the number sent, and administration instructions for each med. The responsible party will sign the LOA form indicating understanding of instructions. Upon return documentation in the nurses notes will include date and time returned, who accompanied resident, meds returned and how many, and physical assessment of resident. · Two nurses will validate meds being sent with resident going LOA and both to sign the LOA form. · All residents that go on leave of absence documentation will be reviewed upon leaving and return by the DNS/Designee. · Daily DNS/Designee will review the leave of absence form for timeliness and completion on all residents that go LOA. · DNS/Designee is responsible to ensure compliance. · Non-compliance will result in further education including disciplinary actions. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur? · Licensed nursing staff will be in serviced 8/14/12 by DNS/Designee on resident leave</p>				

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	<p>indicated the medications are discussed with the family.</p> <p>During interview on 8/8/12 at 5:50 p.m., the Interim Administrator provided copy of the facility's policy "15.0 Leave of Absence with Medications." The Interim Administrator indicated this was a policy provided by the facility's contracted pharmacy and would be followed. Review of the policy indicated, "...Procedure: The physician must give an order indicating the resident may take his/her medication with him/her while on LOA (leave of absence). The order must be written in the resident's clinical record. The order should include: the name of the medications; the number of doses to be released to the resident/POA/responsible party. The nurse must document in the resident's clinical record the name of the medications, number of tablets/capsules given, who the medication was released to, and what directions were given regarding the medications; if the medication is a PRN [as needed] ordered medication, the directions should include the symptoms for which the medication is to be administered. The nurse will give the resident/POA/responsible party written directions regarding the medication. A copy of the instruction will be placed in the resident's clinical</p>		<p>of absence policy and procedures. · DNS/Designee implemented on 8/20/12 a resident leave of absence form that must be used on each resident going on LOAs. Documentation to include date and time resident left, method of transportation, assessment of resident, all meds sent including the number sent, and administration instructions for each med. The responsible party will sign the LOA form indicating understanding of instructions. Upon return documentation in the nurses notes will include date and time returned, who accompanied resident, meds returned and how many, and physical assessment of resident. · Two nurses will validate meds being sent with resident going LOA and both to sign the LOA form. · All residents that go on leave of absence documentation will be reviewed upon leaving and return by the DNS/Designee. · Daily DNS/Designee will review the leave of absence form for timeliness and completion on all residents that go LOA. · DNS/Designee is responsible to ensure compliance. · Non-compliance will result in further education including disciplinary actions. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? · The CQI audit on</p>				

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	<p>record, and will become a permanent part of the resident's clinical record. Medication brought back from a LOA will be documented in the resident's clinical record, the documentation will include the name of the medication, the dose, the number of tablets/capsules returned, and who returned the medications. If there is a facility policy in place regarding LOA medications, the facility policy will supersede this policy.</p> <p>During interview on 8/9/12 at 9:35 a.m., the Interim Administrator showed a form previously used to document medication dispensed on leave of absence. She indicated the form is no longer used, since the facility has a different pharmacy provider. The Interim Administrator also indicated she had checked with sister facilities and others in the American Senior Communities corporation do not use such documentation for medications for leave of absence. The Interim Administrator indicated an American Senior Communities policy would override the policy of the company's vendors, such as the contracted pharmacy. Other policies related to leave of absence medications were requested.</p> <p>The facility's policy related to Resident Leave of Absence was provided by the Interim Administrator on 8/9/12 at 10:00</p>		<p>resident leave of absence will be utilized weekly x 4, bi-weekly x 2 months, monthly x3, and quarterly thereafter for 2 consecutive quarters. Findings from the CQI process will be review monthly and an action plan will be implemented for thresholds below 95%.</p>				

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	<p>a.m. Review of the policy indicated, "It is the policy of this facility that continuity of care during resident Leave of Absence will be provided.... The licensed nurse will document resident status upon leave from the facility and upon return from leave...Documentation: ...Nursing notes when resident leaves facility are to include: ....medications provided...Nursing notes upon resident return are to include: Medications/treatment supplies returned with the resident, including quantity...." Further information related to medications on leave of absence was not indicated in the policy.</p> <p>1. The clinical record for Resident C was reviewed on 8/8/12 at 3:55 p.m.</p> <p>Physician's orders for July 2012 included, but were not limited to, "May take leave of absence with responsible party and meds [medications]."</p> <p>Resident Progress Notes indicated:</p> <p>7/20/12 at 6:00 p.m., "Res [resident] left with family at 2:30 p.m. this date to go LOA [leave of absence] for weekend, res is scheduled to return Monday morning 7/23/12. All necessary meds sent with res and given to res daughter, daughter agrees to monitor res medications for the</p>						

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	<p>weekend, res has no open areas on skin, res alert and oriented X 3. Personal belongings secured in room."</p> <p>Documentation in the hard copy of the clinical record and in the Matrix system of specific information failed to indicate specific information related to the resident's medications at the time of leave of absence.</p> <p>During interview on 8/9/12 at 10:35 a.m., the Director of Nursing (DON) and Assistant Director of Nursing (ADON) indicated the record did not indicate the specific medications provided to the resident when the leave of absence started, or information about any medications returned when the resident returned to the facility.</p> <p>On 8/9/12 at 12:40 p.m., the DON and ADON were interviewed. The DON indicated the resident left for leave of absence in the afternoon, and didn't get far, as she had stopped to get something to eat, when the resident's family realized there was a problem with the medications, so she returned to the facility. She indicated the second shift nurse's documentation indicated the resident left at 2:30 p.m., so the first or second shift nurse could have dispensed the medications, since the time was close to</p>						

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	<p>shift change. The DON and ADON indicated the record did not indicate what medications were provided to the resident either the first or second time the medications were dispensed.</p> <p>During interview on 8/9/12 at 1:30 p.m., LPN #15 indicated Resident C went on leave of absence when LPN #15 was on duty on first shift. She indicated she and another nurse, LPN #19, who was being oriented to the facility, prepared the medications for the resident's leave of absence. LPN #15 indicated the medications were packaged into envelopes with instruction for administration on the envelopes. LPN #15 indicated after the resident left, when she and the on-coming nurse, LPN #25, were completing the narcotic count at shift change, she realized there was a problem with the medications that had been dispensed for the leave of absence. LPN #15 indicated they were "three pills short on another resident's [medication] card." LPN #15 indicated Resident C had been sent home with three of the other resident's Ativan (antianxiety medication), instead of Resident C's Ambien (sleep medication). LPN #15 indicated she reported the problem to the DON and ADON. She indicated the family was phoned at home, and the resident and a family member returned</p>						

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	<p>after LPN #15 had left the facility. LPN #15 indicated LPN #25 dispensed the corrected medications.</p> <p>2. The Resident Sign-Out Log at the Nurse's Station was reviewed on 8/8/12 at 3:55 p.m. The Out on Pass form in the log indicated Resident A left on 5/6/12 at 9:00 p.m. and returned on 5/7/12 at 8:00 p.m., and left on 5/16/12 at 10:00 p.m. and returned on 5/17/12 at 10:00 p.m.</p> <p>The clinical record for Resident A was reviewed on 8/8/12 at 5:25 p.m.</p> <p>Resident Progress Notes included an entry on 5/2/12. The next entry in the Notes was 5/7/12 at 10:15 p.m., and indicated, "Res returned from LOA with family present, alert, awake, not distress noted, accu check [blood sugar monitoring] 142 upon return, routine meds given, res appears to be comfortable and in no distress, res daughter stated res enjoyed visit."</p> <p>Resident Progress Notes for 5/16/12 at 10:45 p.m., indicated, "Res on LOA with daughter for overnight visit, to return tom [tomorrow] night. LOA meds sent with daughter pre protocol." The next Resident Progress Note was dated 5/23/12.</p>						

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	<p>Documentation in the hard copy of the resident's clinical record, and in Resident Progress Notes, Events, and Observations in the Matrix system failed to indicate other information related to the resident's medications during leave of absence.</p> <p>During interview on 8/8/12 at 12:40 p.m., the Director of Nursing and Assistant Director of Nursing indicated there was no other information about medications sent with the resident and returned by the resident for the leaves of absence.</p> <p>This federal tag relates to Complaint IN00113180.</p> <p>3.1-25(e)(3)</p>						



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F0514 SS=D	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure the clinical record was accurate when the resident was on leave of absence for 1 of 3 residents reviewed related to accuracy of the clinical record in a sample of 3. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 8/8/12 at 3:55 p.m.</p> <p>Physician's orders for July 2012 included, but were not limited to, "May take leave of absence with responsible party and meds [medications]."</p> <p>Resident Progress Notes indicated:</p> <p>7/20/12 at 6:00 p.m., "Res [resident] left</p>		F0514	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>· Resident C continues to receive treatments as indicated by physician orders while in the building.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?</p> <p>· All residents have the potential to be affect by the alleged deficient practice.</p> <p>· Licensed nursing staff will be re-educated 8/14/12 by the DNS/Designee on the documentation guidelines policy and procedure. Documentation must be accurate and complete.</p> <p>· An audit of the treatment records was completed on or by</p>		08/20/2012	

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	<p>with family at 2:30 p.m. this date to go LOA [leave of absence] for weekend, res is scheduled to return Monday morning 7/23/12. All necessary meds sent with res and given to res daughter, daughter agrees to monitor res medications for the weekend, res has no open areas on skin, res alert and oriented X 3. Personal belongings secured in room."</p> <p>7/22/12 at 2:48 a.m., "No S/S [signs and symptoms] dehydration noted call light in reach."</p> <p>7/24/12 at 4:48 a.m., "No s/s of dehydration noted with good skin turgor, encouraged po [by mouth] fluids this shift and taken well. Will continue to monitor closely."</p> <p>During interview on 8/9/12 at 12:40 p.m., the Director of Nursing (DON) provided Daily Census Reports for 7/22 and 7/23/12. Review of the reports indicated Resident C was on "Therapeutic Leave" on 7/22/12 and was "Readmit/Return" on 7/23/12. The DON indicated the resident returned on 7/23/12.</p> <p>The Medication Record for July 2012 indicated with a nurse's initials that the resident's ordered medication, Lexapro (medication for depression or generalized anxiety disorder), was administered at</p>		<p>8/14/12 by DNS/Designee to ensure completion and accuracy.</p> <ul style="list-style-type: none"> <li>A pink laminated form alerting staff to residents LOA is now placed in front of the residents MAR and TAR while resident is out of building</li> <li>Two nurses will validate meds being sent with resident going LOA and both to sign the LOA form</li> <li>Treatment records will be checked daily to ensure completion and accuracy by DNS/Designee.</li> <li>DNS/Designee is responsible to ensure compliance.</li> <li>Non-compliance will result in further education including disciplinary actions.</li> </ul> <p>What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> <li>Licensed nursing staff will be re-educated 8/14/12 by the DNS/Designee on the documentation guidelines policy and procedure. Documentation must be accurate and complete.</li> <li>An audit of the treatment records was completed on or by 8/14/12 by DNS/Designee to ensure completion and accuracy.</li> <li>A pink laminated form alerting staff to residents LOA is now placed in front of the residents MAR and TAR while resident is out of building</li> <li>Two nurses will validate meds being sent with resident going LOA and both to sign the LOA form</li> <li>Treatment records will be checked daily to ensure completion and accuracy by DNS/Designee.</li> <li>DNS/Designee is responsible</li> </ul>				

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	<p>9:00 a.m. on 7/22/12.</p> <p>The Treatment Record for July 2012 indicated with nurses' initials and check marks that the following treatments were administered as ordered on 7/21, 7/22, and 7/23/12: Bilateral knee high TED (thromboembolytic deterrent) hose on in the morning and off at bedtime; Hydrocort 2.5% cream, apply to anus 3 times daily for itching - may self administer; Sitz bath three times daily - may self administer; and Magic Butt, apply topically to sacrum 4 times daily until sore resolved - may keep at bedside.</p> <p>During interview on 8/9/12 at 10:35 a.m. related to the medication and treatments when the resident was on leave of absence, the Assistant Director of Nursing (ADON) indicated she would write "LOA," on the records, but since the resident administered some of her own treatments, maybe the nurses just signed off.</p> <p>During interview on 8/9/12 at 12:40 p.m., when interviewed about the Resident Progress Note for 7/22/12 when the resident was on leave of absence, the ADON raised her eyebrows and shook her head, "No."</p> <p>This federal tag relates to Complaint</p>			<p>to ensure compliance.</p> <ul style="list-style-type: none"> <li>Non-compliance will result in further education including disciplinary actions.</li> </ul> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> <li>The CQI audit tool on resident leave of absence will be utilized weekly x 4, bi-weekly x 2 months, monthly x3, and quarterly thereafter for 2 consecutive quarters.</li> <li>Findings from the CQI process will be review monthly and an action plan will be implemented for thresholds below 95%.</li> </ul>			

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	IN00113180.  3.1-50(a)(2)						